

COMMONWEALTH OF KENTUCKY  
STATE BOARD OF ELECTIONS

## VOTER ASSISTANCE FORM

NOTE: A voter requiring assistance may be assisted by the two precinct judges or a person of the voter's choice who is not an election officer, except that the voter's employer, an agent of that employer, or an officer or agent of the voter's union shall not assist a voter.

NAME OF VOTER		DATE OF BIRTH (MM/DD/YYYY)	
RESIDENTIAL ADDRESS			
SOCIAL SECURITY NUMBER		PRECINCT NAME OR NUMBER	
Check one:			
<input type="checkbox"/>	Voter has been certified as requiring assistance on a permanent basis as indicated on precinct roster. The following oath must be signed <i>by the person assisting the voter</i> and be witnessed by the precinct clerk/officer.		
<input type="checkbox"/>	Voter is NOT certified as requiring assistance on a permanent basis. <i>Both</i> of the following oaths must be completed and signed by the voter, the person assisting the voter, and be witnessed by the precinct clerk/officer.		

### **OATH FOR VOTER NOT CERTIFIED AS REQUIRING ASSISTANCE ON A PERMANENT BASIS**

(Voter certified as requiring assistance on a permanent basis as indicated on precinct roster need not sign this oath section.)

I hereby state, under oath (or affirmation), that I am a qualified voter in the precinct indicated above, and that the reason I require assistance in voting is (check one):    Blindness    Physical disability    Inability to read English

\_\_\_\_\_  
Signature or "mark" of voter

\_\_\_\_\_  
Witness (two witnesses required if "mark" is used)

\_\_\_\_\_  
Witness (two witnesses required if "mark" is used)

### **OATH FOR PERSON ASSISTING VOTER**

**(THIS PORTION MUST BE COMPLETED BY THE PERSON ASSISTING THE VOTER  
BEFORE ANY VOTER CAN RECEIVE ASSISTANCE)**

I hereby state, under oath (or affirmation), that I will operate the voting machine in accordance with the directions of the voter requiring assistance. I further state that I am not the voter's employer, an agent of that employer, or an officer or agent of that voter's union.

Name of person assisting voter (PLEASE PRINT)	Signature of person assisting voter

### **APPLICATION REQUEST FOR PERMANENT ASSISTANCE**

Voter who requires assistance on a permanent basis due to    Blindness or    Physical disability hereby applies for certification for permanent assistance.

### **SECTION TO BE COMPLETED BY PRECINCT ELECTION OFFICER**

The parties hereto have subscribed and sworn (or affirmed) these Oaths before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Precinct Election Officer

KRS 116.165    Provides that "any person who falsely signs and verifies any form requiring verification shall be guilty of perjury and subject to penalties therefor."  
KRS 117.255  
KRS 117.365  
KRS 117.995